

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR STATEWIDE PEDDLER'S LICENSE

#### NO FEE REQUIRED

**Please complete the application in full and attach information requested below.**

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK** ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status information is optional. **Sex:** ☐ M ☐ F **Ethnic:** ☐ White, not of Hispanic origin ☐ American Indian or Alaskan  
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

HAVE YOU BEEN A RESIDENT OF WISCONSIN FOR AT LEAST 5 YEARS? ☐ Yes ☐ No

TYPE OF DISABILITY: <input type="checkbox"/> Cardiac <input type="checkbox"/> Loss of Limb(s) <input type="checkbox"/> Blindness <input type="checkbox"/> Other _____	PERCENTAGE OF DISABILITY
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**NOTE: PLEASE ATTACH A COPY OF THE VETERAN'S ADMINISTRATION AWARD LETTER WITH THIS APPLICATION.**

Pursuant to sec. 440.51, Stats., it will be necessary for you to carry the Veteran's Administration award letter and your license with you while engaged in business.

If you are disabled by blindness as defined under Title XVI of the Social Security Act, please attach verification of such disability, if not indicated in the Veteran's Administration award letter.